Kansas SMP
Empowering Seniors To Prevent Healthcare Fraud
Senior Medicare Patrol
1-800-432-3535

Operation Red File

Please review every 6 months

Kansas Department for Aging and Disability Services
1-800-432-3535

BASIC INFORMATION				
Full Legal Name			**Phone Number**	
Home Mailing Address				
Date of Birth		**Social Security #**		
Gender	**Height**	**Weight**	**Hair Color**	**Eye Color**

EMERGENCY CONTACTS		
Name and Phone Number	**Relationship**	**May we release your health information to this person?**
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MEDICAL INFORMATION				
Hearing Aids?	**Deaf/ Very Hard of Hearing?**	**Glasses/Contacts?**	**Blindness?**	**Primary Language**
Identifying Marks/Tattoos				
Conditions you have been treated for in the past				
Primary Physician & Phone Number			**Hospital Choice**	
Medication Allergies				
Current Medical Conditions you are being treated for				

For the questions below, please complete all that apply.
Please note current providers, phone numbers and locations of pertinent documents.

DNR (Do Not Resuscitate) Order	**Living Will**	**TPOPP Order Set**
Hospice Care	**Dialysis Care**	**Other Pertinent Medical Information**

Please use the back of this form if needed